

**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90003 014 \*\*\*450.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000044409**

1. Corporation Name

**M & S MANAGEMENT COMPANY**

Principal Place of Business

2105 PARK AVENUE NORTH  
WINTER PARK FL 32789

Mailing Address

2105 PARK AVENUE NORTH  
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1998

4. FEI Number

59-3512051

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21  
Suite, Apt. #, etc.22  
City & State23  
Zip

Country

24

25

2a. Mailing Address

26  
Suite, Apt. #, etc.27  
City & State28  
Zip

Country

29

30

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> DELETE
NAME	LESLIE STRASBERG	
STREET ADDRESS	2105 PARK AVE N.	
CITY-ST-ZIP	ORLANDO, FL 32789	
TITLE	VP/SECRETARY/TREASURER/DIRECTOR	<input type="checkbox"/> DELETE
NAME	BRUCE A. MALASKY	
STREET ADDRESS	1300 N. FLORIDA MANBO RD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	STEVEN P. MALASKY	
STREET ADDRESS	1300 N. FLORIDA MANBO RD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	DONALD C. MALASKY	
STREET ADDRESS	1300 N. FLORIDA MANBO RD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	JAMES STRASBERG	
STREET ADDRESS	2105 PARK AVE N	
CITY-ST-ZIP	ORLANDO, FL 32789	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **BRUCE A. MALASKY** 11/25/99 561-471-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)